BRITISH MEDICAL JOURNAL

LONDON

SATURDAY DECEMBER 12 1942

THE BEVERIDGE PLAN

The publication on December 2 of Sir William Beveridge's Report on Social Insurance and Allied Services had not been unheralded in the Press, and many intelligent anticipations reached the public eye before the large printed document was released. The report has been widely summarized and commented upon in newspapers and reviews during the past ten days, and medical men and women must already be familiar with its broad outlines. Sir William Beveridge alone signs the report, though he acted as chairman of an interdepartmental committee set up to survey the whole field of existing national schemes of social insurance and allied services, including workmen's compensation. For the views and recommendations on questions of policy which the report contains Sir William, by the Government's wish, takes sole responsibility. His plan for post-war social security aims to replace the present medley of social services by a single comprehensive system, bringing the adult population of the country into a compulsory, and in the main contributory, unified scheme of insurance to provide against sickness and unemployment and old age, and for family allowances. It is meant to include all citizens, without upper income limit, and to be administered by a new Ministry of National Security, to which would be transferred the relative responsibilities of six or more Government Departments as well as some of the duties of local authorities. One stamp on one insurance document, payable weekly, would cover all social insurance schemes.

Briefly put, the report proposes that medical treatment should be separated from the administration of cash benefits and that a comprehensive medical service should be set up for everyone, covering all treatment and every form of disability, under the supervision of the Health Departments. The paragraphs which are of primary interest to the medical profession and those associated with it have so far had little attention in the newspapers, and for that reason we print them in full at p. 704. Sir William Beveridge accepts the view that restoration of a sick person to health is a duty of the State and of the sick person, prior to any other consideration; and he adopts the definition of the objects of medical service in the draft interim report of the Medical Planning Commission of the B.M.A. —"(*a*) To provide a system of medical service directed towards the achievement of positive health, of the prevention of disease, and the relief of sickness; (*b*) to render available to every individual all necessary medical services, both general and specialized, and both domiciliary and institutional." But he says that most of the problems of organization of such a service fall outside the scope of his report. This excludes any opinion by him on such questions as free choice of doctor, group or individual practice, or the place of voluntary and public hospitals respectively in a national scheme. "Once it is accepted that the administration of medical practice shall be lifted out of social insurance to become part of a comprehensive health service, the questions that remain for answer in this report are in the main financial." It will be seen that in handling these financial questions, after dismissing organization as no affair of his, he takes up in separate paragraphs domiciliary treatment, institutional treatment, special services like dental and ophthalmic treatment, subsidiary services such as supply of medical or surgical appliances, nursing and convalescent homes, and post-medical rehabilitation.

The problems involved in establishing and running a comprehensive medical service for all, and even the financial basis of such a service, are excluded from the Beveridge Report. Its author merely suggests the need for a further immediate investigation in which the finance and the organization of medical services could be considered together, in consultation with the professions concerned and with the public and voluntary organizations which have established hospitals and other institutions. The ideal plan, in his view, is a health service providing full preventive and curative treatment of every kind for every citizen without exceptions, without income limit, and without an economic barrier at any point to delay recourse to it—in other words, a 100% service for 100% of the population. His cool words about the effect of all this on private medical practice will arouse mixed feelings: "The possible scope of private general practice will be so restricted that it may not appear worth while to preserve it." Further immediate investigation is certainly called for, and it will have to be very thorough. The primary interest of the proposed Ministry of National Security may not be in the details of the national health service or in its financial arrangements; but such details and arrangements must be worked out with the full consent of those who provide the service if the great social plan of which they will form part is to fulfil its author's great expectations.

PREVENTION AND TREATMENT OF HEPATITIS

A rise in the jaundice rate seems to be an inevitable concomitant of war, and this war has been no exception to the rule. Epidemics of infective hepatitis have been reported by the enemy and have occurred among our own troops. The increase in the incidence of syphilis and in the vigour of arsenical treatment has its corollary in the increase of toxic jaundice. Our American allies have had the unfortunate experience of a high incidence of jaundice after vaccination against yellow fever, now happily arrested by improvements in the vaccine. On a very much smaller scale there has been the usual outbreak of T.N.T. jaundice which follows the entry of an unsalted population into the filling factories. Most cases of non-obstructive jaundice clear up rapidly, but when the jaundice lingers or recurs the physician's anxiety deepens, for experience shows that fibrosis or insufficiency of the liver is inevitable if the disease process is not arrested. We may well ask ourselves why inflammation or degeneration persists when the initial noxa has presumably disappeared. Cullinan[1] found final degeneration of the regenerated liver tissue in all but two of his cases of recurrent jaundice, and in some there was evidence of at least three attacks of necrosis. Is there a vicious circle, comparable with that in Bright's disease,[2] so that the metabolism now perpetuates some harmful product or process? Our thoughts turn to a diet which will spare the damaged liver, in the same way that undernutrition will arrest the progress of diabetes. When we consult textbooks on treatment we are advised that the diet should be chiefly carbohydrate in composition as throwing least strain on the damaged organ. "Proteins should be kept down to the minimum bodily requirement, as the metabolism of their derivatives requires hepatic

[1] *St. Bart's Hosp. Rep.*, 1936, **69**, 55.
[2] *Quart. J. Med.*, 1941, **10**, 65.